

Physical Therapist/Physical Therapist Assistant Applicants:

- Type or print legibly with black or blue ink only.
- Disclosure of your U.S. social security number is mandatory. The disclosure is mandated by the Nebraska Child Support Law
- Your application must be signed and dated.
- You must submit an original application. We will not accept a copy of your application because your original signature is required.

IF YOU ARE APPLYING FOR PT LICENSURE OR PTA CERTIFICATION AND HAVE NOT TAKEN THE NATIONAL EXAMINATION OR HAVE NOT SUCCESSFULLY COMPLETED THE EXAMINATION, YOU MUST:

Submit the following documents to our office - Dept of HHS, Regulation & Licensure, Credentialing Division:

1. Completed application form, notarized copy of your proof of age and the appropriate application fee payable to the Credentialing Division. (Refer to the bottom of the application for fee amount.) (Foreign trained applicants must submit additional information. Refer to page 4, Section 137-003.02 of the Physical Therapy Statutes and Regulations.)
2. Have your PT/PTA school submit your official transcript showing graduation from the accredited program.
3. If you have been convicted of a misdemeanor or felony, you must also submit official court records, disposition and statement from the court that you have successfully completed the court requirements along with a letter from you explaining your conviction. (See information on application.)

Applicants must apply online to the Federation of State Boards of Physical Therapy (FSBPT) to take the National PT or PTA Examination and the NE Law (Nebraska Physical Therapy Jurisprudence) Examination at <https://www.fsbpt.net/pt/> The candidate handbook for the National Examination is on the FSBPT web site at: <http://www.fsbpt.org/download/CandidateHandbook.pdf>

In Addition to applying to our office for PT licensure or PTA certification, applicants must register for the National Examination and the NE Law Examination with FSBPT via the Internet and pay by Visa or MasterCard. If you do not have a personal computer with Internet access, check the school library, public library, Internet cafes, friends, family, etc. If you cannot pay by Visa or MasterCard, you can indicate that you will be mailing a check. For further assistance, contact FSBPT Examination Services at (703) 739-9420. The national examination fee is \$350.00. The NE Law Examination fee is \$50.00. (FSBPT notifies us when you have completed online registration and payment.)

Upon receipt of the foregoing documentation and your having met the requirements including payment of your National Examination fee and the NE Law Examination fee to FSBPT, we will authorize you to take both exams. FSBPT will then send you an "Authorization to Test" letter for both exams advising you that you have sixty (60) days in which to schedule and take your examinations at the Prometric Testing Center of your choice. (To locate a test center near you, the Prometric web site is: <http://securereg3.prometric.com/>) You will be required to pay a fee to the Prometric Testing Center at the time you schedule your examination(s). (National PT's exam = \$65.00 / PTA's = \$55.00, NE Law exam = \$25.00)

It is necessary for you to have reviewed the Nebraska Candidate Handbook which includes the Physical Therapy Statutes and Regulations, the Uniform Licensing Law, Statutes Relating to Medical Records and the Regulations Governing Mandatory Reporting for this examination. If you do not have the Nebraska Candidate Handbook to study for the NE Law exam, please call me or email me at irene.eckman@hhs.ne.gov to request your study materials.

IF YOU ARE APPLYING FOR PT LICENSURE/PTA CERTIFICATION BASED ON A LICENSE ISSUED IN ANOTHER JURISDICTION, YOU MUST COMPLETE THE FOLLOWING:

Submit the following documents to our office – Dept of HHS, Regulation & Licensure, Credentialing Division:

1. Completed application form, notarized copy of your proof of age and the appropriate application fee payable to the Credentialing Division. (Refer to the bottom of the application for fee amount.) (Foreign trained applicants must submit additional information. Refer to page 4, Section 137-003.02 of the Physical Therapy Statutes and Regulations.)
2. Have your PT/PTA school submit your official transcript showing graduation from the accredited program.
3. If you have been convicted of a misdemeanor or felony, you must also submit official court records, disposition and statement from the court that you have successfully completed the court requirements along with a letter from you explaining your conviction. (See information on application.)
4. Contact all states you list in Section A item 9 of your application and have those states send Nebraska a certification/verification of your license. (Refer to Section A, item 9 and Section E, item 5 of the application.) If you do not have the other states' contact info, the state physical therapy licensing agencies are listed on the Internet at:

<http://www.fsbpt.org/licensing/index.asp>

Have the Federation of State Boards of Physical Therapy (FSBPT) transfer your national PT/PTA Examination score to Nebraska and register and pay for your Nebraska Jurisprudence examination (NE Law). (Nebraska's passing score is a scaled score of 600 or greater.) To transfer your national examination score and register and pay for the NE Law examination it must be done via the Internet at: <https://www.fsbpt.net/pt/>

The NE Law Examination. Applicants must register online to take the NE Law Examination. The NE Law (Jurisprudence) Examination fee is \$50.00 and must be paid to the Federation of State Boards of Physical Therapy at <https://www.fsbpt.net/pt/> by Visa or MasterCard. If you do not have a personal computer with Internet access, check the school library, public library, Internet cafes, friends, family, etc. If you cannot pay by Visa or MasterCard, you can indicate that you will be mailing a check. For further assistance, contact FSBPT Examination Services at (703)739-9420.

Upon receipt of the foregoing documentation and your having met the requirements including payment of your NE Law examination fee to FSBPT, we will authorize you to take the NE Law examination. FSBPT will then send you an "Authorization to Test" letter for the exam advising you that you have sixty (60) days in which to schedule and take your exam at the Prometric Testing Center of your choice. (To locate a test center near you, the Prometric web site is: <http://securereg3.prometric.com/>) You will be required to pay a fee of \$25 to the Prometric Testing Center at the time you schedule your examination.

It is necessary for you to have reviewed the Nebraska Candidate Handbook which includes the Physical Therapy Statutes and Regulations, the Uniform Licensing Law, Statutes Relating to Medical Records and the Regulations Governing Mandatory Reporting for this examination. If you do not have the Nebraska Candidate Handbook to study for the Nebraska Law exam, please call me at (402)471-2299 or email me at irene.eckman@hhs.state.ne.us to request your study material.

If you have any questions, please contact me at (402) 471-2299 or e-mail at irene.eckman@hhs.ne.gov

Sincerely,

Irene Eckman, Credentialing Specialist
Credentialing Division

This form may be completed online, printed and mailed to the address listed below.

State of Nebraska
Department of Health & Human Services, Regulation & Licensure
Credentialing Division
P.O. Box 94986
Lincoln, Nebraska 68509-4986
ATTENTION: Physical Therapy
(402) 471-2299

APPLICATION FOR PHYSICAL THERAPIST LICENSURE

SECTION A: PERSONAL INFORMATION (All applicants must complete this section.)

1	Name	Last:	First:	Middle/Maiden:
2	Address:	Street/PO/Route:		
		City:	State:	Zip:
3	Date of Birth:		4	Age:
	(Attach proof of age of majority: i.e., verified copy of birth or marriage certificate or driver's license.) Verified means sworn to before a Notary Public. (Attachment M)			
5	Place of Birth:	City/County/State:		
6	SS# (mandatory)		Telephone #:	
7	MORAL CHARACTER			
	Have you ever been convicted of a misdemeanor or felony?			Answer Yes or No
	If yes, state what crime, date of conviction, name and location of court.			
	Crime	Date of Conviction	Name/Location of Court	
	If you answered Yes to the above, you must request the following documents be sent directly to this office:			
<ul style="list-style-type: none"> • Official court records, which includes charges and disposition • If the conviction involved a drug and/or alcohol related offense, all addiction/mental health evaluations and proof of treatment (if treatment was obtained and/or required) • If you are currently on probation, a letter from your probation officer addressing probationary conditions and your current status; and • A letter from you explaining the circumstances surrounding the conviction 				

Determine the month and year in which you are submitting your application. Pay the amount in the corresponding box.

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
Even	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$52	\$51	\$51
Odd	\$51	\$51	\$51	\$51	\$26	\$26	\$26	\$26	\$26	\$26	\$52	\$52

**** If the license fee at the time the application is final is different from the fee at the time the application is submitted, the difference will be requested or refunded.**

8	Have you actively practiced in Nebraska as a physical therapist prior to licensure? Answer Yes or No		
	If yes, how many days have you practiced in Nebraska as a physical therapist?		
9	Are you or have you been Licensed or Certified in Another State? Answer Yes or No		
	If yes, list state(s) and license number(s):		
10	Have you previously held a license in Nebraska? Answer Yes or No		
	If Yes, License #		
11	Has any disciplinary action ever been taken against your physical therapy license by a state licensing agency, or is any currently pending? (Explain) Answer Yes or No		
If yes, submit an official copy of the disciplinary action including charges and disposition.			

SECTION B: LICENSE APPLICATION CATEGORY (All applicants must complete this section)

Are you applying for a certificate based on your (check one)

	By Examination		By Licensure in Another Jurisdiction (State)		
1	Are you applying to take the National Physical Therapy Examination (NPTE) through Nebraska? Answer Yes or No				
	If yes, you must register online and pay your national examination fee to the Federation of State Boards of Physical Therapy (FSBPT). https://www.fsbpt.net/pt/				
2	Have you taken or will you take the National Physical Therapist Examination through another state? Answer Yes or No				
3	Have you failed the National Physical Therapist Examination? Answer Yes or No				
	If yes, list date(s) you have taken the examination				
4	If you have taken the national examination and passed, request that the Federation of State Boards of Physical Therapy Transfer Service submit a copy of your scores, converted to Nebraska requirements, directly to our office. Submit the enclosed Score Transfer Service Request form to FSBPT or have your scores transferred via the internet at: https://www.fsbpt.net/pt/				
5	You are required to pass a Jurisprudence (law) Examination. Applicants must register online and pay the fee of \$50.00 to the Federation of State Boards of Physical Therapy. https://www.fsbpt.net/pt/				
6	Do you have a disability that requires any special accommodations for taking the examination? Answer Yes or No				
	If yes, an Accommodation Request Form must be completed. The form is attached.				

SECTION C - EDUCATION (All applicants must complete this section.)			
1	Request submission of an official transcript (official meaning coming directly to us from the institution under its seal) showing completion of an approved physical therapy educational program. (Applicants that have graduated from an approved APTA accredited physical therapy program and are applying by licensure in another jurisdiction (State) may have that jurisdiction certify completion of an approved physical therapy program (on Attachment A3) in lieu of submitting a transcript. If the applicant graduated from a physical therapy education program that is <u>not</u> an approved APTA accredited program he/she must submit an official transcript.)		
2	If you have been trained as a physical therapist in a foreign country you must:		
	a	Request submission of an evaluation of his/her education credentials by a credentials evaluation service. The following are board approved evaluation services:	
	1	International Education Research Foundation, Inc. Credentials Evaluation Service P.O. Box 66940 Los Angeles, CA 90066 Phone: (310)342-7086 http://www.ierf.org/	2 International Credentialing Associates, Inc. 7245 Bryan Dairy Road Bryan Dairy Business Park II Largo, FL 33777 Phone: (727)549-8555 http://www.icaworld.com/about/index.htm
	3	International Consultants of Delaware, Inc Credentials Evaluation Service 625 Barksdale Road Suite 109 Newark, DE 19711 Phone: (302)737-8715 http://www.icdel.com/	4 Foreign Credentialing Commission on Physical Therapy (FCCPT) 509 Wythe Street Alexandria, VA 22314-1917 (703)684-8406 http://www.fccpt.org/
	b	Is English the primary language spoken in the country where you received your physical therapy training?	
		Answer Yes or No	
		If no, request submission of examination results for "Test of English as a Foreign Language" (TOEFL), "Test of Written English" (TWE) and "Test of Spoken English for Professional" (TSE-P) administered by Educational Testing Service, Rosedale Road, Princeton, NJ 08541 USA.	

SECTION D: ALL APPLICANTS MUST COMPLETE THIS SECTION	
COLLEGE OR UNIVERSITY	
Name:	
Location:	
Degree Awarded:	
Date Degree Awarded:	(month/day/year)

APPLICANTS MUST COMPLETE SECTION E IF APPLYING BY RECIPROCITY

SECTION E: LICENSE ISSUED ON BASIS OF A LICENSE IN ANOTHER JURISDICTION (STATE) (If you hold a license to practice physical therapy in another jurisdiction (state), complete this section and have the licensing agency complete the Certification of Applicant's Physical Therapy License in another Jurisdiction - Attachment A3.)				
1	Name of Agency Issuing License:			
	Address:	Street/PO/Route:		
		City:	State:	Zip:
2	Date Issued:			
3	Name of Written Examination:			
4A	Have you been in the active and continuous practice of physical therapy under such license or in an accepted residency or graduate program for one year of the three years immediately proceeding the date of application for Nebraska license?			
	Answer Yes or No			
	4A1	If in an accepted residency or graduate program, provide the name of the facility or graduate program, address, and dates actively engaged in the practice of physical therapy. (Use an additional sheet if space is inadequate.)		
	Facility		Address	Dates
	4A2	Give location, address, and dates actively engaged in practice of physical therapy. (Use an additional sheet if space is inadequate.)		
	Facility		Address	Dates
4B	Have you been in active and continuous practice of physical therapy under license by examination in the state, territory, or District of Columbia from which you come for at least one year following the issuance of such license?			
	Answer Yes or No			
	4B1	Give location, address, and dates actively engaged in practice of physical therapy. (Use an additional sheet if space is inadequate.)		
	Facility		Address	Dates
5	Have you requested to have certification of your physical therapy license sent to Nebraska by submitting to the appropriate licensing agency the Certification of Applicant's License in Physical Therapy (Attachment A-3)?			
Answer Yes or No				

SECTION F: CERTIFYING INFORMATION (All applicants must complete Section F)

I hereby certify that the preceding information is correct to the best of my knowledge and I further certify that I am of good moral character.

Signature of Applicant:_____ Date:_____

(Must be completed by licensing agency or Board)
(Print or Type)

Our records indicate that _____ was licensed as a physical therapist _____, 20____. The license was issued on the basis of written

Date of Examination _____

The applicant graduated from the following accredited physical therapy educational program

were: _____
Copies of regulations/requirements for licensure at the time of issuance of license may be attached as documentation.)

- (a) is in good standing, and so far as our records are concerned, the applicant is entitled to endorsement.
- (b) has been disciplined.

Date: _____

Name and Title

Licensing Agency

Address

City/State/Zip Code

Signature _____

State of Nebraska Department of Health & Human
Services, Regulation & Licensure,
Credentialing Division
P.O. Box 94986
Lincoln, NE 68509-4986

State of Nebraska
Department of Health & Human Services Regulation & Licensure
Credentialing Division
P.O. Box 94986
Lincoln, Nebraska 68509-4986
ATTENTION: Physical Therapy

PROOF OF AGE

The following affidavit must be attached to the copy of your original document(s) (i.e. birth certificate, driver's license, marriage license, passport) in order for them to be accepted by this office as a verified copy. (Verified means sworn to before a notary public.)

PLEASE NOTE THAT YOU MUST SIGN THIS STATEMENT IN THE PRESENCE OF A NOTARY PUBLIC.

IF YOU HAVE QUESTIONS CONCERNING THE COMPLETION OF THIS OR ANY OTHER REQUIREMENT, PLEASE DO NOT HESITATE TO CONTACT THIS OFFICE AT: (402) 471-2115.

AFFIDAVIT

STATE OF _____)
) ss
COUNTY OF _____)

I, _____, being first duly sworn upon oath, states and deposes that the
attached
(Applicant)

is a true and correct copy of the original document.

NAME OF DOCUMENT _____

Date: _____

(Signature of Applicant)

Subscribed and sworn to before me this __day of _____, 20__.

(SEAL)

NOTARY PUBLIC
My Commission Expires: _____

This form may be completed online, printed and mailed to the address listed below.

STATE OF NEBRASKA
Department of Health and Human Services Regulation & Licensure
Credentialing Division
P.O. Box 94986 - Lincoln, Nebraska 68509-4986
(402) 471-2299

ACCOMMODATION REQUEST FORM
ATTN: Physical Therapy

The information requested below and any documentation regarding your disability and your need for accommodation in testing will be considered a confidential record and will not be shared with any outside source without your express written permission, unless release is ordered by a court of competent jurisdiction, or otherwise authorized by law.

Applicant Name	First:	MI:	Last:
ADDRESS	Street/PO/Route:		
	City:	State:	Zip:
Exam Accommodations Requested For			
Telephone No		Date Of Examination	
Specify Disability			

(Check all that apply)

- ☐ Accessible Testing Site
- ☐ Braille ☐ Large print ☐ Tape
- ☐ Reader as accommodation for visual impairment
- ☐ Scribe/amanuensis as accommodation for visual or motor impairment
- ☐ Reader as accommodation for learning disability
- ☐ Scribe/amanuensis as accommodation for learning disability
- ☐ Sign Language Interpreter
- ☐ Extended Time ☐ Time-and-a-half ☐ Double time ☐ More than double time (specify): _____
- ☐ Separate testing area
- ☐ Use of computer or other adaptive equipment (specify): _____
- ☐ Other (specify): _____

Comments:

Signed: _____

Date: _____

DOCUMENTATION OF DISABILITY RELATED NEEDS

If you have a learning disability, a psychological disability, or other hidden disability that requires an accommodation in testing, please have this section completed by an appropriate professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation.

IF YOU HAVE EXISTING DOCUMENTATION OF HAVING THE SAME OR SIMILAR ACCOMMODATION PROVIDED TO YOU IN ANOTHER TEST SITUATION, YOU MAY SUBMIT SUCH DOCUMENTATION INSTEAD OF HAVING THIS PORTION OF THE FORM COMPLETED.

I have known _____ since _____
(test applicant) (date)

in my capacity as a _____
(professional title)

The applicant has discussed with me the nature of the test to be administered. It is my opinion that because of this applicant's disability, he/she should be accommodated by providing the following: (check all that apply)

- ☐ Taped test
- ☐ Large print test
- ☐ Reader
- ☐ Scribe/amanuensis
- ☐ Extended time:
 - ☐ Time-and-a-half
 - ☐ Double time
 - ☐ More than double time (please justify): _____
- ☐ Separate testing area
- ☐ Use of computer or other adaptive equipment (please specify): _____
- ☐ Other (please specify): _____

Date: _____

Signature: _____

Printed Name: _____

Title: _____

License # (if applicable): _____